

10/572667  
IAP9 Rec'd PCT/PCTO 20 MAR 2006

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: TREATMENT OF SEVERE DISTAL COLITIS  
Attorney Docket Number:: C0875.70019US02  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Family Name:: Rufo  
City of Residence:: West Roxbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 35 Maxfield Street  
City of mailing address:: West Roxbury  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02132

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Wayne  
Middle Name:: I.  
Family Name:: Lencer  
City of Residence:: Jamaica Plain  
Country of Residence:: MA  
Street of mailing address:: 60 Louder Lane  
City of mailing address:: Jamaica Plain  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02130

#### **Correspondence Information**

Correspondence Customer Number:: 23628

#### **Representative Information**

Representative Customer Number:: 23628

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US2004/030813	09/20/04

#### **Foreign Priority Information**

#### **Assignee Information**

Assignee name:: Children's Medical Center Corporation  
Street of mailing address:: 300 Longwood Avenue  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02115